

MonDak Humane Society, Inc.
P.O. Box 1572 Williston ND 58802

PET ADOPTION APPLICATION

Thank you for your interest in our animals. We ask that you consider adopting one of our animals ONLY if you can commit to its care for a lifetime. Please complete this application in its entirety and return to the above address. All information is treated as confidential. Submission of this application does not guarantee that you will receive an animal.

NAME _____ DATE ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE(____) _____ WORK (____) _____ CELL(____) _____

DATE OF BIRTH ____/____/____

TYPE OF PET REQUESTED: DOG ___ CAT ___ or PET'S
NAME: _____

HAVE YOU EVER ADOPTED FROM A HUMANE SOCIETY? _____ IF YES, WHEN AND
WHERE? _____

WHERE DID YOU HEAR ABOUT THIS PET OR THE MDHS? _____

IS THIS PET SPECIFICALLY FOR YOUR HOUSEHOLD? _____

IS THIS YOUR FIRST EXPERIENCE OWNING A PET? CAT ___ DOG ___

DO YOU LIVE IN A.....HOUSE ___ APARTMENT ___ MOBILE HOME ___ OTHER _____

DO YOU: OWN ___ RENT ___ IF YOU RENT, DOES YOUR LEASE ALLOW FOR PETS? _____

LANDLORD'S NAME _____ PHONE NUMBER _____

NUMBER OR ADULTS IN HOUSEHOLD _____ AGE OF EACH CHILD _____

DO YOU OR ANYONE LIVING IN YOUR HOUSEHOLD HAVE ANY ALLERGIES TO PETS?
YES _____ NO _____ IF YES, EXPLAIN _____

LIST OTHERS IN THE HOME WHO WILL HAVE CONTACT WITH THE PET AND THEIR
RELATIONSHIP TO YOU: _____

PLEASE LIST ALL PETS YOU CURRENTLY OWN:

<u>Name</u>	<u>Breed/Species</u>	<u>Age</u>
<u>Spayed/Neutered</u>	<u>Sex</u>	

If more room is needed, please continue on the back of this page.

PLEASE LIST ANY ANIMALS YOU HAVE OWNED IN THE LAST 5 YEARS THAT YOU NO LONGER HAVE AND WHAT HAPPENED TO THEM:

<u>Name</u>	<u>Breed/Species</u>	<u>Age</u>	<u>Spayed/Neutered</u>	<u>Sex</u>	<u>Reason No Longer Own</u>

WHY ARE YOU INTERESTED IN ONE OF OUR PETS? _____

WHERE WILL YOUR PET STAY DURING THE DAYTIME? _____

WHERE WILL YOUR PET STAY DURING THE NIGHT? _____

IF THE PET WILL STAY OUTSIDE, EXPLAIN FACILITIES AND PROVISIONS: _____

DO YOU HAVE A FENCED-IN YARD? _____ HEIGHT _____ TYPE _____

IF THERE IS NO FENCE, HOW WILL YOU ASSURE THE PET WILL STAY ON YOUR PROPERTY? _____

HOW MUCH TIME EACH DAY WILL YOUR PET BE ALONE? (without human companionship): _____

WHAT WILL YOU DO WITH THE PET WHEN YOU GO ON VACATION? _____

ARE YOU PREPARED TO TAKE THIS PET FOR A COMPLETE VETERINARY EXAM WITHIN ONE WEEK OF ADOPTION AND TO PROVIDE ANY NECESSARY MEDICAL TREATMENT AT YOUR OWN EXPENSE? _____

DO YOU AGREE TO HAVE THIS PET SPAYED/NEUTERED BY A LICENSED VETERINARIAN ON OR BEFORE A SPECIFIED DATE? _____

ARE YOU WILLING/ABLE TO PROVIDE ANY MEDICAL AND OTHER CARE NEEDED DURING THE PET'S LIFE, INCLUDING PREVENTATIVE VACCINATIONS, GROOMING, ETC?
 YES _____ NO _____

YOUR CURRENT VETERINARIAN _____ PHONE _____

HAVE YOU EVER SURRENDERED AN ANIMAL TO A SHELTER, HUMANE SOCIETY OR POUND? _____ IF YES, PLEASE EXPLAIN: _____

DO YOU UNDERSTAND THAT YOU WILL BE SHARING YOUR LIFE WITH A PET WHO IS TOTALLY DEPENDENT UPON YOU FOR FOOD, SHELTER, HEALTH AND VETERINARY CARE? YES _____ NO _____

ARE YOU WILLING AND ABLE TO MAKE THIS LIFE-LONG COMMITMENT TO A PET AS A FAMILY MEMBER? YES _____ NO _____

WE **REQUIRE** A MINIMUM OF TWO PERSONAL REFERENCES. PLEASE PROVIDE 1-2 ADDITIONAL REFERENCES IN CASE YOUR FIRST 2 REFERENCES CAN'T BE CONTACTED. PLEASE INCLUDE NAME, ADDRESS, PHONE NUMBER AND HOW YOU KNOW THIS PERSON:

1. _____
2. _____
3. _____
4. _____

ADDED REMARKS: _____

I certify that the information given on this application is true and accurate to the best of my knowledge. I understand that providing any false information can be cause for denial of my application or future forfeiture of the adopted pet. Leaving any questions blank or not filling out this form completely can be cause for the application to be discarded or denied.

SIGNATURE _____ DATE ____ / ____ / ____